



Federal Communications Commission
Washington, D.C. 20554

January 4, 2002

Mr. William Roberts
Fifth Estate Broadcasting, LLC.
P.O. Box 148
Ashland, VA 23005

Re: Request for Reduction of FY 2001
Regulatory Fee
Fee Control No. 0110268835333011

Dear Mr. Roberts:

This letter is in response to your request for reduction of the Fiscal Year (FY) 2001 regulatory fee from \$300 to \$150 submitted on behalf of Fifth Estate Broadcasting, LLC, licensee of radio station WHAN-AM.

You state that WHAN's total sales in 2000 were just \$55,000 and that, due to financial hardship, you have paid only \$150 of the \$300 fee. In support, you enclose an income statement for the station for the period ending December 31, 2000.

In establishing a regulatory fee program, the Commission recognized that in certain instances payment of a regulatory fee may impose an undue financial hardship upon a licensee. The Commission therefore decided to grant waivers or reductions of its regulatory fees in those instances where a "petitioner presents a compelling case of financial hardship." See Implementation of Section 9 of the Communications Act, 9 FCC Rcd 5333, 5346 (1994), recon. granted, 10 FCC Rcd 12759 (1995).

Our review of your income statement indicates that WHAN suffered a net loss for the year 2000 of over \$13,000 and this deficit was only partially offset by depreciation expense. Therefore, we conclude that you have presented a compelling case of financial hardship and hereby waive WHAN's 2001 regulatory fee. A check, made payable to the maker of the original check, and drawn in the amount of \$150, will be sent to you at the earliest practicable time.

If you have any questions concerning this letter, please contact the Revenue and Receivable Operation Group at (202) 418-1995.

Sincerely,

A handwritten signature in black ink, appearing to read "Mark Reger", is written over a large, stylized oval shape.

Mark Reger
Chief Financial Officer

0110268835333011

"Hanover's Own"



September 28, 2001

Office of the Managing Director
Federal Communications Commission
445 12th Street SW Room 1-A625
Washington DC
20554

Dear Sir or Madam;

This letter is to request that WHAN's annual regulatory fee be reduced from \$300 to \$150. I am enclosing statements to show that WHAN's total sales in 2000 was just \$55,000. I therefore request a 'hardship status' be accorded to WHAN and allow a lower fee. I am enclosing a check for \$150 as a statement of our intent to abide by the rules and regulations of the FCC. Please inform me if this is acceptable. Thank you for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to read "W. Roberts", is written over the word "Sincerely,".

William Roberts
General Manager
Fifth Estate Broadcasting, LLC
WHAN-AM Radio

WHAN Radio
P.O.Box 148
Ashland, VA 23005
804.798.1010
804.798.7933 fax

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

FEDERAL COMMUNICATIONS COMMISSION
REMITTANCE ADVICE

Approved by OMB
3060-0589
Page No. of

(1) LOCKBOX #

358835

SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

A. I. F. H. I. G. S. T. A. T. I. E. B. I. C. I. D. C. A. S. T. I. N. G. L. L. C.

(3) TOTAL AMOUNT PAID (U.S. Dollars and

1150.00

(4) STREET ADDRESS LINE NO. 1

11337 Ashland Road

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Ashland

(7) STATE

VA

(8) ZIP CODE

23065

(9) DAYTIME TELEPHONE NUMBER (include area code)

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)

(12) PAYER (TIN)

541871679

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

(14) STREET ADDRESS LINE NO. 1

(15) STREET ADDRESS LINE NO. 2

(16) CITY

(17) STATE

(18) ZIP CODE

(19) DAYTIME TELEPHONE NUMBER (include area code)

(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)

(22) APPLICANT (TIN)

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID

WHAN-AM

(24A) PAYMENT TYPE CODE

CHARGE CARD

(25A) QUANTITY

11

(26A) FEE DUE FOR (PTC)

(27A) TOTAL FEE

150.00

FCC USE ONLY

3100-100

(28A) FCC CODE 1

8438

(29A) FCC CODE 2

VIA Ashland

(23B) CALL SIGN/OTHER ID

(24B) PAYMENT TYPE CODE

(25B) QUANTITY

(26B) FEE DUE FOR (PTC)

(27B) TOTAL FEE

FCC USE ONLY

(28B) FCC CODE 1

(29B) FCC CODE 2

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, W. L. P. P. P., certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief.

SIGNATURE

DATE

9/24/01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

MASTERCARD/VISA ACCOUNT NUMBER:

EXPIRATION

☐

MASTERCARD

☐

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE

DATE

READ INSTRUCTIONS CAREFULLY
BEFORE PROCEEDING

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REMITTANCE ADVICE

Approved by OMB
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SPECIAL USE

FCC USE ONLY

SECTION A - PAYER INFORMATION

(2) PAYER NAME (if paying by credit card, enter name exactly as it appears on your card)

A. F. H. H. | G. S. T. A. T. I. E. | B. - C. 2. D. C. 2. S. T. I. N. G. | L. L. C.

(3) TOTAL AMOUNT PAID (U.S. Dollars and

11 | 50 | .00

(4) STREET ADDRESS LINE NO. 1

11337 | Ash | C | 2 | 4 | e | R | o | a | d |

(5) STREET ADDRESS LINE NO. 2

(6) CITY

Ash | l | a | n | d |

(7) STATE

V | A |

(8) ZIP CODE

2 | 3 | 0 | 0 | 5 | - |

(9) DAYTIME TELEPHONE NUMBER (include area code)

(10) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(11) PAYER (FRN)

- | - | - | - | - | - | - | - | - | - | - | - |

(12) PAYER (TIN)

5 | 4 | 1 | 8 | 7 | 1 | 6 | 7 | 9 |

IF PAYER NAME AND THE APPLICANT NAME ARE DIFFERENT, COMPLETE SECTION B
IF MORE THAN ONE APPLICANT, USE CONTINUATION SHEETS (FORM 159-C)

(13) APPLICANT NAME

- | - | - | - | - | - | - | - | - | - | - | - |

(14) STREET ADDRESS LINE NO. 1

- | - | - | - | - | - | - | - | - | - | - | - |

(15) STREET ADDRESS LINE NO. 2

- | - | - | - | - | - | - | - | - | - | - | - |

(16) CITY

- | - | - | - | - | - | - | - | - | - | - | - |

(17) STATE

- | - | - | - | - | - |

(18) ZIP CODE

- | - | - | - | - | - |

(19) DAYTIME TELEPHONE NUMBER (include area code)

(20) COUNTRY CODE (if not in U.S.A.)

FCC REGISTRATION NUMBER (FRN) AND TAX IDENTIFICATION NUMBER (TIN) REQUIRED

(21) APPLICANT (FRN)

- | - | - | - | - | - | - | - | - | - | - | - |

(22) APPLICANT (TIN)

- | - | - | - | - | - | - | - | - | - | - | - |

COMPLETE SECTION C FOR EACH SERVICE, IF MORE BOXES ARE NEEDED, USE CONTINUATION SHEET

(23A) CALL SIGN/OTHER ID

W | H | A | N | - | A | M |

(24A) PAYMENT TYPE CODE

0 | 1 | 1 | 7 | - | 0 | I | M | S |

(25A) QUANTITY

1 | 1 |

(26A) FEE DUE FOR (PTC)

- | - | - | - | - | - | - | - | - | - | - | - |

(27A) TOTAL FEE

1 | 5 | 0 | . | 0 | 0 |

FCC USE ONLY

3 | 0 | 0 | . | 0 | 0 |

(28A) FCC CODE 1

8 | 4 | 3 | 8 |

(29A) FCC CODE 2

- | - | - | - | - | - | - | - | - | - | - | - |

V | A | A | s | h | l | a | n | d |

(23B) CALL SIGN/OTHER ID

- | - | - | - | - | - | - | - | - | - | - | - |

(24B) PAYMENT TYPE CODE

- | - | - | - | - | - | - | - | - | - | - | - |

(25B) QUANTITY

- | - | - | - | - | - | - | - | - | - | - | - |

(26B) FEE DUE FOR (PTC)

- | - | - | - | - | - | - | - | - | - | - | - |

(27B) TOTAL FEE

- | - | - | - | - | - | - | - | - | - | - | - |

FCC USE ONLY

- | - | - | - | - | - | - | - | - | - | - | - |

(28B) FCC CODE 1

- | - | - | - | - | - | - | - | - | - | - | - |

(29B) FCC CODE 2

- | - | - | - | - | - | - | - | - | - | - | - |

SECTION D - CERTIFICATION

(30) CERTIFICATION STATEMENT

I, W. L. P. P. P., certify under penalty of perjury that the foregoing and supporting information is true and correct to the best of my knowledge, information and belief. SIGNATURE W. L. P. P. P. DATE 9/28/01

SECTION E - CREDIT CARD PAYMENT INFORMATION

(31)

☐

MASTERCARD

MASTERCARD/VISA ACCOUNT NUMBER:

- | - | - | - | - | - | - | - | - | - | - | - |

EXPIRATION

- | - | - | - | - | - |

☐

VISA

I hereby authorize the FCC to charge my VISA or MASTERCARD for the service(s)/authorization herein described.

SIGNATURE

DATE

Payment Transactions Detail Report

Date: 11/15/2001

BY: FEE CONTROL NUMBER

Fee Control Number	Payor Name	Fcc Account Number	Payer TIN	Received Date							
0110268836333011	FIFTH ESTATE BROADCASTING LLC 11337 ASHCAKE ROAD ASHLAND VA 23005	WP00045104	0541871679	0/25/2001 00:00:0							
Payment Amount	Current Balance	Seq Num	Payment Type Code	Quantity	Callsign Other Id	Applicant Name	Applicant Zip	Bad Check	Detail Amount	Trans Code	Payment Type
\$150.00	\$150.00	1	01MS	1	WHANAM	FIFTH ESTATE BROADCASTING LLC	23005		\$150.00	1	PMT
Total	1								\$150.00		